Mailing Address (include city and zip code) Local 525 PACQ (ox. Net Telephone No (702) - 452- E-Mail Address Select Appropriate Box(es) CANDIDATE AC BAG POL PRTY IND EXP AMENDED ANNUAL FILING Report #1 Due — March 29, 2005 Period: Jan. 1, 2005 - Mar. 24, 2005 Report #2 Due — May 31, 2005 Period: Mar. 25, 2005 - May 26, 2005 Report #3 Due — July 15, 2005 Period: May 27, 2005 - June 30, 2005 Annual Filing — Due January 15, 2006 Period: January 1, 2005 - December 31, 2005 CONTRIBUTIONS SUMMARY Cumulative From Beginning of This Period This Reporting Period 1. Total Monetary Contributions Received of \$100 or Less This Period This Reporting Period #1 Through End of This Period #1 Through End of This Reporting Period #1 Through End of This Pe	Plumbers + Piecfitter	IS AND EXPENS	ES REPORT	Sta	te of Nevada
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This Period Cumulative From Beginning of Report Period #1 Through End of This Reporting Period 3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received in	1. Total Monetary Contributions Receive	d in Excess of \$100	4	12,738.17	Period 77,426.73
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received in		This Period	Beginning of Report Period #1 Through End of This Reporting	Ø	Ø
4. Total value of in Kind Contributions Received in	Received	tions		#12.738.17	\$27.426.73
Excess of \$100	 Total Value of In Kind Contributions Re Excess of \$100 	eceived in	Ø		1. 5) , 55. 7 5
EXPENSES SUMMARY		EXPENSES SU			
5. Total Monetary Expenses Paid in Excess of \$100 6. Total Monetary Expenses Paid of \$100 or Less	5. Total Monetary Expenses Paid in Exce	ess of \$100	J	4,645.13	7,926.25
6. Total Monetary Expenses Paid of \$100 or Less 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6) 44,645.13 47,926.2	7. Total Amount of All Monetary Expens	or Less ses Paid			<u> </u>
8. Total Value of In Kind Expenses in Excess of \$100 AFFIRMATION	Total Value of In Kind Expenses in Exc		2,000.00	-	#1,120.40
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.	eclare Under Penalty of Perjury That the F		_		
2/31/05	The Growt			5/31,	105
Signature Date ELPG201.doc Revised: Dec-04 PAGE OF 7		Revised: Dec-04		4	of7

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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
ABPA			
1830 E Sahara suite 305 89104	4/06/05	\$4622.07	
11	5/09/05	A5,971.10	
Plunders + Poper Hors Cacl 575			
760 N Lars LVNV 39110	4/03/05	\$1072.00	
11	5/13/05	\$1073.00	
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(702) 452-0029

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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	Ē
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Plumber + Pipetitters Local 525 PAC Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Steve Ross VA Visa	Campaign co.tnbution	3/31/05	\$1,000.00
4653 E Main st. Columbus OH 43251-0410	A, J	4/15/05	\$145.13
Andres Ranirez	Confession	5/17/05	\$1500.00
Larry Brown	corpagn contribution	5/17/05	\$ 1000.00
Steve Ross American Benefit Plan Administratory	Carpagn	5/17/05	\$500.00
1830 Eschera Suite 305 89104 American Benefit Plan Administration		4/1/05	# 250.00
18306 Schon sorte 305 19104		5/1/05	\$250.00

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Rev: Jan -04

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Revised: Feb-05

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Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
Ø			
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.160 294A.200, 294A.210, 294A.220, 294A.360, 294A.362, 294A.365

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Revised: Feb-05

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